

ISSUE CLASSIFICATION	
Class	Subclass

PATENT NUMBER

U.S. **UTILITY** Patent Application

O.I.P.E.

PATENT DATE

SCANNED

Q.A.

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
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Growth hormone secretagogues

PTO-2040
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ISSUING CLASSIFICATION

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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ 	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
	_____ (Primary Examiner) (Date)		ISSUE FEE	
			Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		ISSUE BATCH NUMBER	
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